

**WAIVER REQUEST FOR EMERGENCY ASSISTANCE**

Completion of this form is required to document eligibility and need for emergency services for participants of the Basic and Basic Plus waivers.

- CRM completes this form and submits to supervisor or regional designee for approval and signature prior to authorizing emergency services
- Emergency Assistance payment authorizations are limited to 30 days/one month, requiring a new request/approval every month.

**CLIENT DATA**

CLIENT NAME	DATE OF BIRTH	DDD NUMBER	REGION	REQUEST DATE
-------------	---------------	------------	--------	--------------

☐ Basic☐ Basic Plus

POC Begin Date:

POC End Date:

**WAIVER EMERGENCY SERVICES CRITERIA****WAC 388-845-0810****How do I qualify for emergency assistance?**

You qualify for Emergency Assistance only if your current situation meets one of the following criteria:

- (1) You involuntarily lose your present residence for any reason either temporary or permanent;
- (2) You lose your present caregiver for any reason, including death;
- (3) There are changes in your caregiver's mental or physical status resulting in the caregiver's inability to perform effectively for the individual;
- (4) There are significant changes in your emotional or physical condition that requires a temporary increase in the amount of a waiver service.

**REASON FOR EMERGENCY**

Check one or more of the following:

- ☐ Loss of residence
- ☐ Permanent loss of caregiver
- ☐ Temporary loss of caregiver due to a physical or mental condition
- ☐ Significant changes in client condition requiring a temporary increase in the amount of waiver service

Explain:

**EMERGENCY RESPONSE PLAN****WAC 388-845-0820****Are there limits to my use of emergency service?**

All of the following limitations apply to your use of emergency services:

- (1) Prior authorization is required based on a reassessment of your plan of care to determine the need for emergency services;
- (2) **Payment authorizations are reviewed every 30 days and cannot exceed \$6,000 per 12 months based on the effective date of your current Plan of Care (POC);**
- (3) Emergency services are limited to the scope of services in your Waiver.



CLIENT NAME		DDD NUMBER	
Begin date:		End date:	
		Cost:	
Action Plan:			
Provider:			
REGIONAL DESIGNEE SIGNATURE		TITLE	DATE

\*If the need for emergency services exceeds \$6,000 in a waiver year, refer to WAC 388-840-3030 "What if my needs exceed the maximum yearly funding limit under the Basic or Basic Plus Waiver?"